



Deval L. Patrick
Governor

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The Commonwealth of Massachusetts

Department of Public Safety

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Mary Elizabeth Heffernan
Secretary

Thomas G. Gatzunis, P.E.
Commissioner

REQUEST FOR DUPLICATE LICENSE

My name is _____ and I currently reside at _____
NAME ADDRESS

_____. I have a _____,
TYPE OF LICENSE

license number _____. I sent a check to the Department on or about _____, but I
DATE

have not received my license. My address has not changed since the time that I mailed my check to
the Department. I am hereby requesting that the Department issue to me a duplicate license.

SIGNATURE

DATE

Acknowledgement

Be it remembered that on this day came before me, the undersigned, a Notary Public within and for the County of _____ and the State of Massachusetts, duly commissioned and sworn, _____, to me well known as the grantor on the foregoing instrument of writing, stated that he/she executed the same for the consideration and purposes therein mentioned and set forth,

Subscribed and sworn before me this ____ day of ____ 20__

Notary Public

My commission expires:

**Mail form to: Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA 02108-1618,
Attn: Holly Bartlett**